



**INDUSTRIAL PRETREATMENT FACILITY  
CERTIFICATE OF COMPLETION OF CONSTRUCTION**

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Name of Facility: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Scope of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Responsible Person: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_

Plant Design Flow or Holding Capacity: \_\_\_\_\_

Construction Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Deviations from plans and application ("As- Built" plans included): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hazardous Waste Generator ID Number: \_\_\_\_\_

Industrial Waste Transporter (Include a copy of contract): \_\_\_\_\_

Name of Independent, Certified Laboratory: \_\_\_\_\_

Name (s) of Operator(s) and Certificates Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Plant Placed in Operation: \_\_\_\_\_

Expected Date Application to Operate will be filed: \_\_\_\_\_

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**This is to certify that, with the exception of deviations noted above, the construction of this project has been completed in accordance with the plans approved by the Department of Environmental Resources Management (DERM).**

Professional Engineer's Signature and Seal: \_\_\_\_\_

Name and Florida Registration Number (Please Type): \_\_\_\_\_

Date: \_\_\_\_\_ Day Time Telephone : \_\_\_\_\_